

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>TH</i>	<i>32</i>	<i>10/10</i>
FORMALITY REVIEW	<i>TH</i>	<i>11/10</i>	<i>10-25-01</i>
RESPONSE FORMALITY REVIEW	<i>TH</i>	<i>1079</i>	<i>10/21/01</i>

INDEX OF CLAIMS

☐ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restituted
☐ Non-elected
☐ Interference
☐ Appeal
☐ Objected

Claim	Date
1	10/10
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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